U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	or official tise Only
'	REC.D.
	(JJL 18 296 5)
E	OLMS DRUM

1. File Number U - 3/66

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	// / 2004 Through: (2 / 31 / 2604			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Roger & MALHAM	Name I.U.O.E. Local 150 Labor Organization File Number 031860			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3821 Amber Gurt	Street 6200 Joliet ROAD			
City PAINFIELD	City COUNTRY SIDE			
State Ilinois ZIP Code +4 60586	State ZII:Nois ZIP Code + 4 60525			
5. Position in labor organization. ORGANIZER / Busin	NESS REPRESENTATIVE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	•			

Signature

7.b. Amount.

Signature and verification.	he undersigned declares, under	r penalty of Perjury and othe	er applicable penalties of the k	aw, that all of the information
submitted in this report (including t	he information contained in any	accompanying documents).	, has been examined by the sig	gnatory and is, to the best of the
undersigned's knowledge and beli	ef, true, correct, and complete.	(See the section on penaltic	es in the instructions.)	
	_			

Signed Regret Malkann

ZIP Code + 4

on 7-9-05

815-577-6536

Date

Telephone Number

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person Filling ROTER L. MALKAM	File Number U- 3/6 6		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organiz	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14, a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

?

State